

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

M-2, Part XII  
Change 3

February 10, 1992

1. Transmitted is a change to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Affairs," Part XII, "Social Work Service," Chapter 3, "Social Work Service Standards." Brackets have not been used to indicate the changes.

2. The purpose of this change is to update the Social Work policy regarding clinical privileges.

a. Paragraph 3.03c: Is changed to read: "Licensed or certified social workers who are permitted by law and the facility to provide patient care services independently, will be properly credentialed and privileged. The Chief, Social Work Service, and the Chief of Staff, will make recommendations as to levels of independent practices to the facility Director. All current VHA (Veterans Health Administration) policies and procedures on credentialing and privileging of physicians and dentists will govern the delineation of clinical privileges in Social Work Service."

b. Other editorial changes have been made to update terminology.

### 3. Filing Instructions

|              |              |
|--------------|--------------|
| Remove pages | Insert pages |
| 3-1 thru 3-5 | 3-i thru 3-6 |

4. RESCISSIONS: VHA Manual M-2, part XII, chapter 3, dated May 20, 1980, and change 2, dated December 22, 1987, pages 3-1 through 3-2b only.

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## RESCISSIONS

The following material is rescinded:

a. Manuals

M-2, part XII, chapter 3, dated May 20, 1980

b. Partial rescission

M-2, part XII, change 2, dated December 22, 1987, pages 3-1 through 3-2b

## CHAPTER 3. SOCIAL WORK SERVICE STANDARDS

### 3.01 GENERAL

Each facility will have a Social Work Service administrated by a chief social worker responsible to the facility Director or designee.

a. The Chief, Social Work Service, will have, as a minimum, a MSW (master of social work) degree, clinical experience, and the demonstrated ability and/or potential for the required administrative and professional responsibilities.

b. The Chief, Social Work Service, will be responsible and accountable for the administration and evaluation of social work programs in accordance with VA (Department of Veterans Affairs) policies and procedures.

c. The Chief, Social Work Service, will plan and organize the social work program, deploy and assign staff, and execute the program consistent with the facility's missions and priorities, management practices and objectives and the needs of the agency's clientele.

d. All social work staff assigned within the facility will be professionally and/or administratively responsible to the chief social worker or designee. (For variations on this, see subpar. h.)

e. The Chief, Social Work Service, will be responsible for determining appropriate levels of staff qualifications and expertise necessary to assure accomplishment of Social Work Service programs. Levels of skills may range from the minimum technical to the maximum professional as required.

f. The Chief, Social Work Service, will follow VA policies and procedures governing the recruitment, selection, promotion, demotion, or separation of staff, and assist in recruitment of VA social work personnel for all VA facilities.

g. Chief, Social Work Service, will be responsible for implementation of time and leave policies and disciplinary procedures. Written staff performance evaluations on each social worker will be prepared annually and shared with the employee in accordance with VA and Office of Personnel Management requirements.

h. A social worker may serve as administrator/coordinator of an inpatient or outpatient program as designated by management, consistent with VA policy. Any of the following options can be considered to exercise professional and administrative controls within a facility matrix plan.

(1) If the incumbent remains on Social Work Service ceiling and continues in the Social Work GS-185 series, the incumbent will be both professionally and administratively accountable to Chief, Social Work Service.

(2) If the incumbent is transferred to the ceiling of another service but remains in the Social Work GS-185 series, the incumbent will be professionally

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responsible to the Chief, Social Work Service, and administratively responsible to the service chief in terms of day-to-day operations.

(3) When the incumbent shifts to another service's ceiling and changes to a nonsocial work classification series, the Chief, Social Work Service, carries no responsibility over the position.

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i. Chief, Social Work Service, will be a member of the Mental Health Council and will participate actively and fully in the proceedings of this body.

### 3.02 PROGRAM

There will be written standards, plans, policies and procedures governing the provision of social services to veterans, families and significant others. These will cover:

a. The administrative responsibilities of the chief social worker; the program/ administrative responsibilities of supervisors; the office responsibilities of secretarial staff; and the practice responsibilities of professional social work staff will be specified in locally written position descriptions and performance standards approved by local management. Copies of each position description will be distributed to respective staff.

b. The number of appropriately qualified staff to provide social work services.

c. Appropriate deployment of staff to maximize their efficiency and effectiveness consistent with agency objectives. This includes all treatment team activities in which Social Work Service participates.

d. The structure and organization of the overall program and its functional units.

e. Evaluation procedures for:

- (1) Use of resources (staff, budget, space, equipment).
- (2) Functional use of staff.
- (3) Programs.
- (4) Social work practice.
- (5) Staff development and continuing education.
- (6) Affiliated education programs.
- (7) Staff productivity.

### 3.03 PRACTICE STANDARDS--QUALITY OF CARE

a. A quality assurance program which includes professional standards of practice, individual performance standards, credentialing, continuing education (see par. 3.07), utilization review, ongoing monitoring and periodic review will be established. The components of the quality assurance program will be in compliance with standards set by VA directives, SERP (Systematic External Review Program), and will be incorporated into the medical center quality

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assurance program. Written quality assurance standards and procedures will be developed and maintained by Chief, Social Worker Service.

b. Professional standards and performance requirements will reflect the knowledge base, range and types of intervention, skills and techniques required for social work practice in health care. Performance standards and the evaluation process will be in compliance with VA policy and regulations.

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c. Licensed or certified social workers who are permitted by law and the facility to provide patient care services independently, will be properly credentialed and privileged. The Chief, Social Work Service and the Chief of Staff, will make recommendations as to levels of independent practices to the facility Director. All current VHA policies and procedures on credentialing and privileging of physicians and dentists will govern the delineation of clinical privileges in Social Work Service.

d. A systematic process for ongoing monitoring and periodic review of the quality and appropriateness of patient care services provided by Social Work Service will be implemented and integrated within the medical center quality assurance program. This process will include establishing monitors and criteria to be used in evaluating services, method of data collection and review, procedures for documentation of findings, problem identification, corrective action, and outcome. All major clinical functions will be monitored and evaluated such as at risk screening, psychosocial assessment, treatment, discharge planning, and care coordination/case management/follow-up, including appropriate level of care and services in special programs such as CNH (Community Nursing Home), CRC (Community Residual Care), HBHC (Home Base Hospital Care), etc.

### 3.04 RESOURCES

a. There will be sufficient social work staff, within available resources, to meet agency priorities for providing social services:

- (1) To veterans and their families.
- (2) To provide outplacement and follow-up services to veterans and their families as required.
- (3) To develop and coordinate the use of community resources as an alternative to institutional care.
- (4) To provide information and referral services to veterans not admitted to VA care.
- (5) To provide coverage including days, evenings and weekends as required.
- (6) To identify and document deficiencies in community services and programs that impact adversely on the veteran and exert efforts to remedy same. There will be concentrated efforts in finding and developing non-VA resources for the benefit of veterans.

b. There will be sufficient space, clerical support, supplies, and equipment, within available resources, to carry out total program responsibilities assigned to Social Work Service.

c. Social Work Service will maintain a file of information on resources available in the community to serve the social and health needs of veterans.

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### 3.05 RECORDING

Each facility will have written policies and procedures for recording social work activities in the medical records. This will include standards for the content and timely recording of social data, defined problems, treatment and follow-up plans, actions taken

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and outcomes for each veteran and family served by Social Work Service. All recording and records control required by VA directives and regulations will comply with the provision of the Privacy Act and Freedom of Information Act. Distribution, retention, and disposal of records will be in accordance with VHA Records Control Schedule 10-1.

### 3.06 COMMUNITY RELATIONS

Social Work Service will develop and maintain effective reciprocal working relationships with public, private and voluntary agencies. This liaison should facilitate the development and utilization of community resources and services in support of established goals for veterans and their families.

### 3.07 CONTINUING EDUCATION AND STAFF DEVELOPMENT

a. There will be planned, continuing education, staff and career development programs determined by individual, career development programs determined by individual, supervisory and peer review assessment. These programs will meet VA and the Office of Personnel Management requirements and will provide for the maintenance and upgrading of the skills and knowledge base of social work staff.

b. All educational activities will be in accordance with current directives.

(1) Social Work Service educational activities will be carried out through such mediums as institutes, workshops, seminars, staff meetings, intra-VA details and conferences. Full utilization should be made of the resources of the RMEC (Regional Medical Educational Centers).

(2) Chiefs, Social Work Service, within each RMEC region will engage in a systematic approach to continuing education for their employees. This will be done in conjunction with the RMEC. The RMEC will be involved in all phases of the planning and implementation.

(3) District chiefs will be involved in the development and evaluation of course content.

(4) Local education funds (813) at the discretion of the Director will be used for payment of tuition and fees for staff members to attend courses at educational institutions to keep abreast of new knowledge and techniques in preparation for assuming new duties, responsibilities, and tasks.

(5) Education funds allocated to Social Work Service, Central Office, will be used for payment of travel and per diem for designated social workers to participate in educational institutes and workshops sponsored by Central Office.

(6) Social work staff members will be authorized to attend professional meetings and be detailed to non-VA educational institutions or agencies when appropriate.

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### 3.08 STUDENT TRAINING

There will be a written memorandum of affiliation with schools of social work accredited by the Council on Social Work Education covering all students in the facility for training.

a. The student training program will be governed by the published policies, manuals and program objectives of VA Central Office, Assistant Chief Medical Director for

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Academic Affairs and Social Work Service. The focus of training will be geared to development of student proficiency to assume positions in health care settings. Training plans will be differentiated for the various levels of students.

b. Primary consideration for trainee stipends will be given to accredited schools of social work with a health care curriculum concentration.

c. Stipend doctoral student dissertations must be related to VA health care issues and concerns.

### 3.09 RESEARCH

There will be research/evaluation/study activities, as an extension and improvement of social work management and service delivery.

a. Administrative, clinical and collaborative research will be encouraged to validate program effectiveness, efficiency and economy; and to assess the soundness of social work methods and techniques.

b. Social work will participate when appropriate and indicated in the research of other disciplines, the local facility and the regions, to improve health care delivery, maintenance, prevention, quality of life and cost containment.

c. All social research including the preparation and publication of professional papers will be in accordance with policies and procedures prescribed in M-8, part I.

### 3.10 REGIONALIZATION

There will be a planned, coordinated and collaborative effort by the Chief, Social Work Services, in the regions to maximize resources utilization in the mutual support of health care delivery through:

a. A comprehensive, coordinated, published plan for regional field coverage specifying the area of coverage for each facility to ensure effective and efficient use of work force, and to avoid duplication of services and travel. Standardized referral and follow-up procedures are to be developed and published for interfacility activities as well as for follow-up care.

b. Written policies and standards for the continuity of patient care through the development and sharing of community resources and information, including prompt submission of progress reports, to the facility having jurisdiction.

c. Participation in developing and supporting regional goals and objectives through administrative planning, evaluation and assessment.

### 3.11 VETERANS BENEFITS

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There will be consultation, collaboration and coordination with the Veterans Benefits Administration for providing services and benefits to veterans.

a. Such activities may include: protective services for social and industrial adjustment surveys; for the protection of beneficiary funds; compensation/pension surveys; visual

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impairment services; membership on VA regional office Vocational Rehabilitation Boards; and, reports on incompetent veterans in post-hospital care.

b. The coordination of fiduciary activities will be directed through the Veterans Service Division (27) at the regional office.

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